

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Reva J. Boone
 7174 U.S. Route 52
 Ripley, Ohio 45167

A. Signature		<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery	
		1/28/04	
D. Is delivery address different from item 1?		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
If YES, enter delivery address below:			

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

2. Article Number	
(Transfer from service label)	
7004 0750 0003 9306 1315	

PS Form 3811, February 2004 Domestic Return Receipt 01-88 (Rev 14) SSS-2003-02-01-040